



## APPLICATION FOR FREDERICK COUNTY DEVELOPMENT IMPACT FEE EXEMPTION FOR AFFORDABLE HOUSING PROGRAM

1. Applicant Name: \_\_\_\_\_
2. Organization Type:
  - ☐ Non-Profit 501(c)(3)-has been exempt from federal taxation under 501(c)(3) of the Internal Revenue Code for a period of at least 3 years
  - ☐ Public Housing Authority
  - ☐ Government Agency
  - ☐ Profit motivated entity actively involved in affordable housing development

3. Organization Address: \_\_\_\_\_

4. Contact Name: \_\_\_\_\_

5. Contact Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

Email: \_\_\_\_\_

6. Type of Project: \_\_\_\_\_

☐ Rental

☐ Homeownership

7. Project Address or Location: \_\_\_\_\_

(see attached legal description)

8. Lot Number, Type, and Number of Units to be Constructed:

<u>Lot Number</u>	<u>Type</u>	<u>Number of Units on the Lot</u>
_____	<input type="checkbox"/> Single Family Detached	_____
_____	<input type="checkbox"/> Single Family Attached	_____
_____	<input type="checkbox"/> Townhouse	_____
_____	<input type="checkbox"/> Duplex	_____
_____	<input type="checkbox"/> Other Residential	_____
_____	<input type="checkbox"/> Apartments	_____
_____	<input type="checkbox"/> Condominiums	_____
<b>TOTAL NUMBER OF UNITS TO BE CONSTRUCTED</b>		_____

**See Development Impact Fee Exemption Fact Sheet for Application Instructions and Attachments to be submitted.**

Certification: This is to certify that the project will comply with program requirements outlined in the Frederick County Ordinance 10-25-560, Development Impact Fee Exemption for Affordable Housing Program.

\_\_\_\_\_  
Witness/Attest-Signature

\_\_\_\_\_  
Type Authorized Signature of Applicant

\_\_\_\_\_  
Authorized Signature of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

**For Office Use Only:** I HEREBY CERTIFY THAT THE ABOVE NAMED APPLICANT IS ELIGIBLE TO RECEIVE THE DEVELOPMENT IMPACT FEE EXEMPTION AND HAS PROVIDED THE REQUIRED DOCUMENTATION.

☐ Approve

\_\_\_\_\_  
Jennifer S. Short, Director

\_\_\_\_\_  
Date